STA

CERTIFICATE OF MAILING

hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

PATENT

CASE #F3330(C) UNUS #03-0347-UNI

"Commissioner for Patents" P.O. Box 1450 Alexandria, VA 22313-1450

on 4/6/05

Gerard J. McGowan, Jr. Reg. No. 29,412 Attorney for Applicants Tate of Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Malone et al.

Serial No.:

10/780,182

Filed:

February 17, 2004

For:

Frozen Aerated Product

Group:

1761

Examiner:

Maureen Donovan

Englewood Cliffs, New Jersey 07632

RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Notice of No-Compliant Amendment dated March 17, 2005, please amend the application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

APR 1 1 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the conted States Postal Service as First Class Mail in an envelope addressed to:

"Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450"

16/05

GERARD J. MCGOWAN Reg. No. 29,412 Attorney for Applicant(s) Patent and Trademark Office

UNITED STATES DEPT. OF COMMERCE

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

In re application of:

Serial No.:

Malone et al. 10/780,182

Filed:

February 17, 2004

For:

Frozen Aerated Product

Group:

1761

Examiner:

Maureen C. Donovan

Englewood Cliffs, New Jersey 07632

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 50.00	-
Independent Claims		Minus			\$ 200.00	_
Multiple Claims					\$ 360.00	_
TOTAL ADDITIONAL FE	E FOR THIS AMENDMEN	т			s	7

^{*}If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

[] Charge \$_____ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

[X] 37 C.F.R § 1.16;

[X] 37 C.F.R. §1.17;

[X] 37 C.F.R. §1.18.

Triplicate copies of this letter are enclosed.

GJM/pod (201) 894-2297 Gerard J. McGowan Attorney of Record Reg. #29,412

^{**}If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.